## **CITY OF MARIETTA - APPLICATION FOR FILM PERMIT**

Mailing Address: PO Box 609 Marietta, GA 30061 Phone: 770.794.5605 Shipping Address: 205 Lawrence Street Marietta, GA 30060 FAX: 770.794.5635

LOW IMPACT FILM APPLICAT		FOR OFFICE US				
The information below is a request for create undue hardship for you, please of the control of the control of the creater and	contact the city's f					
HIGH IMPACT FILM APPLICA	•					
The information below is a request for	approval of a file	ming permit that v	will require	services fro	m your	
department that go above and beyon						
determine if this request can be handle	d and provide the	illim office with as	ssociated le	es and cha	rges by	
Company	F	ilm				
Address						
	ontact Person Office Phone					
Fax						
Mobile	MobilePhone					
E-mail						
Type: Feature Film TV M	Iovie TV	Series Con	nmercial	Still Pl	10to	
Other						
Location						
Film date(s)		Hours				
Prep/wrap outside listed time? No						
		emergency,			ll be	
Describe scene:						
Number in cast Crew						
Street Closure location(s)						
Equipment parking location(s)						
Base camp location(s)						
Catering truck location(s)						

Extras' park	king location	(S)							
		ocation(s) Hours _							
Vehicular		traffic		cont	trol		requeste	ed	at
Pedestrian t	raffic control	requested at							
Special equa	ipment and p	lacement at _							
Special situ	ations/effects	s (stunts, anin	nals, g	unfire, ı	noise,	etc			
Special requ	vosts (hydron	t motor oltor	otion to	o oity n	roports	y oto )			
——————		t meter, altera		————		y, etc.) _			
Additional	information	n (include	any	prep	and	wrap	activities,	times,	parking)

OFFICE USE ONLY						
PERMITS	DESCRIPTION	FEES	DATE RECEIVED	RECEIPT#		
APPLICATION FEE		\$25.00				
USE OF CITY PROPERTY	(\$250 daily minimum)					
CITY SERVICES						
CITY SERVICES						
CITY SERVICES						
OTHER						
OTHER						
TOTAL						